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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P19956 (2)

1. Corporation Name  
THE VOICE OF TRIUMPH, INC.

Principal Place of Business Mailing Address  
1148 SPARROW ST. LAKE PLACID FL 33852  
P.O. BOX 3009 LAKE PLACID FL 33862-3009  
US US

3. Date Incorporated or Qualified 07/06/1988  
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 21  
2a. Mailing Address 28

4. FEI Number 95-2985573  
Applied For Not Applicable

Suite, Apt. #, etc. 22  
27

5. Certificate of Status Desired  \$6.75 Additional Fee Required  
 Election Campaign Financing  
 Trust Fund Contribution \$5.00 May Be Added to Fees

City & State 23  
28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Zip Country 24 25  
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEILL, GENE  
1148 SPARROW ST.  
LAKE PLACID FL 33852

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME NEILL, GENE  
STREET ADDRESS 1215 N. EGRET POINT  
CITY-ST-ZIP ORYNTAL RIVER FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 1148 SPARROW ST  
1.4 CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VD  
NAME CONVERSE, WILLIAM  
STREET ADDRESS 11681 RIVERBEND DRIVE  
CITY-ST-ZIP LEAVENWORTH WA

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  
NAME YOUNG, DENNIS  
STREET ADDRESS 473 BIRWOOD EAST  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME SANDFORD, WILLIAM  
STREET ADDRESS 2710 OAK LAWN AVE.  
CITY-ST-ZIP DALLAS TX 75219

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS 900002207779  
5.4 CITY-ST-ZIP -06/10/97--01076--007  
\*\*\*70.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Gene Neill Pres. 1-2-97  
DATE

CR2E037 (9/96)